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PREPARE IN DUPLICATE									DDS/OL/PSD 10			
1. TITLE OF REPORT (if a fill-in report include Form No.)									2. TYPE	X STATISTI	CAL	
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10. PREPARING COMPL contributing i	ONENT (i	nclude	e lowest level	11	, FEEDER RI Form No.	PURIS (S	state : enclut	totai ure.	number ar Attach se	nd identify by	if necessary.)	
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13. COMPLETE DETA	ILED JUS	TIFIC	ATION FOR THIS RE	PORT (in additio	n to dir	ective	or a	uthority	cited in item	9). IF KNOWN,	
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Required	by Lo	gist	ics Instructio	on.								
			ւկ,	, FU	TURE GOA	IS						
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CHANGE										None	None	
16. DATE OF INVEN		TH				Ī6	RMATION	i		*10110	18. EXTENSION	
<i>I</i>	Approve	dFo	or Release 2006	3/11/1:	3 : CIA-R				1001300	77-9 STAT		
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